



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
Notification Form**

FOR DEP USE ONLY

Tax Identification Number

A. Reporting Facility

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



See DEP
Regional Office
telephone and
fax numbers at
the end of this
form.

1. Facility Information

Town Of Walpole

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Richard

First Name

Mattson

Last Name

(508) 660-7310

Telephone No.

Superintendent

Title

rmattson@walpole-ma.gov

E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

David

first name

Burns

last name

Date/Time contacted:

6/11/15

Date

1:08

Time

☐ am

☒ pm

2. EPA staff contacted:

David

first name

Turin

last name

Date/Time EPA contacted:

6/11/15

Date

12:50

Time

☐ am

☒ pm

3. Board of Health contacted:

Robin

First Name

Chapell

Last Name

Date/Time contacted:

6/11/15

Date

1:08

Time

☐ am

☒ pm

4. Others notified (select all that apply);

☒ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager

☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

6/11/15

Date

+/- 10:15

Time

☒ am

☐ pm

By:

2. SSO Stopped:

6/11/15

Date

+/- 12:15

Time

☐ am

☒ pm

3. SSO Discharge from:

☒ Sanitary Sewer Manhole

☐ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to:

☒ Ground Surface (no release to surface water)

☒ Direct to Receiving Water

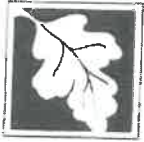
Neponset River

(surface water)

☐ Catch basin to Receiving Water

(surface water)

☐ Backup into Property Basement



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Bureau of Resource Protection – Watershed Permitting Program
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C. SSO Information (cont.)

Location: Rear of #36 Rose Court
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: <1000 gallons

Method of Estimating Volume: Visual Seepage x Duration

6. Cause of SSO Event:

- ☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System
☐ Treatment Unit failure
☒ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☐ Other: _____
(Specify)

7. Corrective Actions Taken:

Pipeline obstruction cleared by Walpole Sewer Department staff via the use of department jet truck.

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No

Area treated with lime. No debris present.

Corrective Actions Completed: ☒ Yes ☐ No

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☒ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:

The area will be added to a list of those to be regularly inspected by staff.



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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

6/11/2015

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	

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Bureau of Resource Protection – Watershed Permitting Program
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1. Facility Information

Town Of Walpole

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Richard

First Name

Mattson

Last Name

(508) 660-7310

Telephone No.

Superintendent

Title

rmattson@walpole-ma.gov

E-mail Address

B. Phone Notifications:

1. MassDEP staff contacted:

David

first name

Burns

last name

Date/Time contacted:

10/15/15

Date

1:30

Time

☐ am

☒ pm

2. EPA staff contacted:

first name

last name

Date/Time EPA contacted:

Date

Time

☐ am

☐ pm

3. Board of Health contacted:

Robin

First Name

Chapell

Last Name

Date/Time contacted:

10/15/15

Date

12:40

Time

☐ am

☒ pm

4. Others notified (select all that apply);

☒ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager

☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

10/15/15

Date

10:45

Time

☒ am

☐ pm

By: Department Foreman

2. SSO Stopped:

10/15/15

Date

11:10

Time

☒ am

☐ pm

3. SSO Discharge from: ☒ Sanitary Sewer Manhole ☐ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to: ☒ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

(surface water)

☐ Catch basin to Receiving Water

Contained in basins. No apparent indication of
discharge to water body. Basins cleaned.

☒ Backup into Property Basement



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
**Sanitary Sewer Overflow (SSO)/Bypass
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C. SSO Information (cont.)

Location: Stone Street near #217
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: 8,750

Method of Estimating Volume: Visual estimated flow of 350gpm x25 minutes.

6. Cause of SSO Event:

☐ Rain Event ☐ Pump Station Failure ☐ Insufficient Capacity in System

☐ Treatment Unit failure

☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage

☒ Other: This incident occurred during a pipe lining I&I project. Bypass pump was unable to handle unexpected surge in sewer line causing subsequent overflow.

7. Corrective Actions Taken:

Liner plug removed , adequate bypass pumping resumed with no further surge experienced.

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No

Catch basins cleaned with vac truck. Area washed down with mild bleach and water solution followed by application of lime.

Corrective Actions Completed: ☒ Yes ☐ No

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☐ Additional comments below: ☒ No additional comments or attachments

Additional comments and planned actions:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Permitting Program
Sanitary Sewer Overflow (SSO)/Bypass
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E. Certification Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Representative

10/28/2015

Date Signed

Please keep a copy of this report for your records. When submitting additional information, include the MassDEP Incident Number from this report.

MassDEP Regional Office and EPA Telephone and Fax Numbers:

Northeast Region	Phone: 978-694-3215	Fax: 978-694-3499
Southeast Region	Phone: 508-946-2750	Fax: 508-947-6557
Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA Contact	Phone: 617-918-1870	Fax: 617-918-0870
DEP 24-hour emergency	Phone: 888-304-1133	



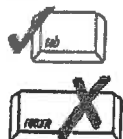
Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
**Sanitary Sewer Overflow (SSO)/Bypass
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#3
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Tax Identification Number

A. Reporting Facility

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1. Facility Information

Town Of Walpole

Reporting Sewer Authority

Permit #

2. Authorized Representative Transmitting Form:

Richard

First Name

Mattson

Last Name

(508)660-7305

Telephone No.

Director Of Public Works

Title

mattson@walpole-ma.gov

E-mail Address

B. Phone Notifications:

See DEP Regional Office telephone and fax numbers at the end of this form.

1. MassDEP staff contacted:

David

first name

Burns

last name

Date/Time contacted:

9/26/2018

Date

12:50

Time

☐ am ☒ pm

2. EPA staff contacted:

David

first name

Turin

last name

Date/Time EPA contacted:

9/26/2018

Date

12:50

Time

☐ am ☒ pm

3. Board of Health contacted:

Robin

First Name

Chapell

Last Name

Date/Time contacted:

9/26/2018

Date

12:50

Time

☐ am ☒ pm

4. Others notified (select all that apply);

☒ Conservation Commission

☐ Harbormaster

☐ Shellfish Warden

☐ Division of Marine Fisheries

☐ Downstream Drinking Water Supplier

☐ Watershed Association

☐ Beach Resource Manager ☐ Other:

(specify)

C. SSO Information

1. SSO Discovered:

9/26/2018

Date

+/- 10:00

Time

☒ am ☐ pm

By:

Passerby

2. SSO Stopped:

9/26/2018

Date

+/- 11:00

Time

☒ am ☐ pm

3. SSO Discharge from:

☐ Sanitary Sewer Manhole

☒ Pump Station

☐ Backup into Property

☐ Other:

(specify)

4. SSO Discharge to:

☐ Ground Surface (no release to surface water)

☐ Direct to Receiving Water

(surface water)

☒ Catch basin to Receiving Water

Adjacent Wetland Area

(surface water)

☐ Backup into Property Basement



Massachusetts Department of Environmental Protection
Bureau of Water Protection – Wastewater Management Program
**Sanitary Sewer Overflow (SSO)/Bypass
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C. SSO Information (cont.)

Location: 2130 Boston Providence Highway
(Description of discharge site or closest address)

5. Estimated SSO Volume at time of this Report: Unknown

Method of Estimating Volume: NA

6. Cause of SSO Event:

- ☐ Rain Event ☒ Pump Station Failure ☐ Insufficient Capacity in System
☐ Treatment Unit failure
☐ Sewer System Blockage: ☐ Pipe Collapse ☐ Root Intrusion ☐ Grease Blockage
☐ Other: _____
(Specify)

7. Corrective Actions Taken:

This is a privately owned sewer pump station. The owner contacted the company that services the equipment to make the necessary repairs to the station. The station was returned to service.

Impact Area cleaned and/or disinfected: ☒ Yes ☐ No

The responsible party contacted an environmental firm to assess any necessary clean up.

Corrective Actions Completed: ☐ Yes ☒ No

Assessment Underway.

D. Comments/Attachments/Follow-up

I wish to provide (select all that apply):

☐ Attachment ☐ Additional comments below: ☐ No additional comments or attachments

Additional comments and planned actions:

The responsible party has been instructed to file the an SSO Notification form as well.



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Signature of Authorized Representative

10/1/2018

Date Signed

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Central Region	Phone: 508-792-7650	Fax: 508-792-7621
Western Region	Phone: 413-784-1100	Fax: 413-784-1149
EPA	Phone: 617-918-1510	
EPA for Southeast Region, David Turin	Phone: 617-918-1598	Fax: 617-918-0598
EPA for Northeast, Central and Western Regions Region, David Turin	Phone: 617-918-1747	Fax: 617-918-0747
DEP 24-hour emergency	Phone: 888-304-1133	